

V.

Queries on the Operation of Cephalotomia. By A YOUNG
ACCOCHEUR.

JUDGING it to be the object of the *Medical Repository* to convey instruction to the inquiring mind in every branch of the Medical Profession, I beg leave to solicit attention to the following queries :

1.—After the operation of *Cephalotomia*, the contents of the cranium being evacuated, would it not be better, to expedite the delivery by the use of the blunt-hook or crotchet, than to wait, as some authors recommend, six, twelve, eighteen, or twenty-four hours, that the head may, if possible, be accommodated to the passage ?

2.—Does not rupture of the uterus oftener arise as a consequence of its long-continued action, and possibly the pressing of the craggy bones of the cranium on the cervix-uteri, than from any other cause ?

Skeffield, February, 1815.

VI.

Observations on the CESAREAN SECTION, and PREMATURE DELIVERY. By Ωδινοβονθος. — J. M.

THE inferences which an experienced Professor of Midwifery has drawn from the case of ruptured uterus recorded in the *Repository* for *February* last, p. 89, appear to me not altogether tenable ; and as these inferences involve consequences of great importance to the science of midwifery, I am induced to offer a few remarks upon the subject ; and this I the more willingly undertake, because the author of this, and some other interesting communications on obstetrics, is obviously actuated by the desire of founding a good practice upon a rational theory. It is, I apprehend, attempted to be proved by this case :

1st, That sometimes the Cesarean Operation is to be preferred to the operation of perforating the head of the child ; and that in the woman, who is the subject of this case, such an operation would have been expedient.

2dly, That in some cases it may be right to induce premature labour, at an earlier period of pregnancy than will allow the child to be born capable of living.

I am not at all inclined to question the propriety of some-

times having recourse to the cesarean section, because it has been proved, that there are women with pelves so extremely distorted, as to render delivery by the perforator and hook impossible; and consequently no other means of bringing the child into the world remain, but by this operation. When, however, it is recollected, that, with scarcely a single exception, this dreadful operation has in England proved always fatal to the mother, it is impossible to contemplate it without horror, or to recommend it except in cases of the most urgent necessity. But in the case before us, did this necessity exist?

We are told, that "the pelvis was preternaturally small, but not distorted." Are there any cases of preternaturally small, *but not distorted*, pelves, in which the cesarean section can be necessary or justifiable?

One cannot help regretting, that the exact dimensions of this pelvis are not stated. Sometimes, during the life of the patient, it is impossible for the most experienced Accoucheur to ascertain this accurately, either by his fingers, or by the various *pelvimeters* that have been invented for the purpose; but as this poor woman was opened after death, the dimensions might easily have been taken. Exactness as to this particular is, however, more desirable, with regard to the question of inducing premature labour, than in reference to the cesarean section.

We are informed, that "the dissection demonstrated, that the excitement of labour (in the second pregnancy) had been too long delayed."

The poor woman, it is said, fell with child "about the beginning of February 1814," and on the 25th of September, the labour was artificially induced; a period of, at the utmost, thirty-three weeks and six days; but probably not so long, as the above reckoning is made from the first day of February. Was this too long to wait before labour was artificially brought on, in a pelvis preternaturally small, *but not distorted*?

It must surely be admitted, that the longer this operation is delayed, the greater will be the probability, should the child be born alive, of its reaching maturity. Unless then the deviation from the size of a well-formed pelvis be very great, it would be desirable to let a fortnight or more elapse, after the seventh month of gestation is completed, before labour is artificially excited. In this very case it appears, that, when, the pain of labour came on, the pelvis was sufficiently large to admit both arms and one leg to pass through it, and yet there was still room for the head to be "*strongly wedged* in the brim." May it not then be safely inferred, that there would have been space sufficient for a child of this growth to pass, had the presentation been natural.

Suppose the operation had been performed a fortnight

earlier, would not the malposition of the child have proved an insuperable obstacle to the delivery?

To me it appears that the unfortunate event of this case is to be attributed entirely to the preternatural position, and not at all to the cause assigned, namely, the not inducing labour at an earlier period.

The propriety of bringing on premature labour in cases of distorted pelvis, seems now to be generally admitted: it becomes, then, a matter of great importance, to determine at what period of pregnancy this plan should be adopted, and whether it ought upon any occasion to be had recourse to, before seven complete calendar months, or thirty-one weeks, are elapsed.

Is there any chance of having a child born alive, and *capable of living**, before the mother has passed through thirty-one weeks of pregnancy?

If there be no such chance, is not the very principle upon which this method has been recommended broken through, by performing the operation before this period?

There can, I presume, be no doubt, that this method was proposed and adopted upon the sole principle of preserving the life of the child, with but little hazard to the mother; and as it must have been ascertained by a previous hard labour and the delivery of a mutilated child, that a full-grown foetus could by no possibility pass alive through the distorted pelvis, it was suggested, that labour might be induced between the seventh and eighth month; at which time the child is small enough to pass through a more narrow space, and yet has advanced far enough in uterine life to be capable of living when born. But this principle is just as much set at nought, by bringing on labour before the child is capable of living, as it would be by deferring the delivery till the child has acquired such a growth as would prevent it from passing through the pelvis, till its bulk was diminished at the expence of its life.

In reference to this subject, it is proper for all practitioners of midwifery to understand exactly how they would be affected by the laws relative to the criminally procuring abortion?

Is it not an offence punishable with imprisonment and the pillory, to use means for procuring the miscarriage of a woman who has not quickened? And if she be quick with child, and the child should in consequence be dead-born, is it not a capital offence?

* The possibility of preserving the life of the child should never be out of our minds on these occasions. It is one thing to bring a child into the world, with just life enough to cry once or twice; and another to bring it forth with a capability of continuing to live.

If so, it is clearly contrary to the law to induce labour prematurely in any case; more especially when it is known that the child cannot be born alive, or capable of living.

Suppose (no very unlikely occurrence*), a physician or surgeon to be called before a court of justice to answer for having brought on premature delivery, what is his plea? That the woman's pelvis was so much distorted, as to render the birth of a living child impossible at nine months; that therefore he had excited labour between the seventh and eighth month, to give a chance, the only chance, to the child of being born alive, and capable of living. Surely this plea would be allowed, *the distortion being satisfactorily proved*; but what becomes of this plea, if he excite the labour before the seventh month, a time at which he well knows that the child's life cannot by any possibility be preserved?

The inducement of premature labour is a practice valuable or otherwise, exactly as it is properly or improperly undertaken. In the hands of a discreet and upright Accoucheur it may be productive of much private and public benefit; in those of inexperienced or unprincipled persons, it may be converted to the worst and most disgraceful purposes. It behoves all who are engaged in obstetric practice to understand fully the principles of this method, that it may never be adopted except upon right and proper occasions; and they ought to know, what I presume few of us do, how the laws respecting the crime of procuring abortion apply to this practice in the event of an appeal to a magistrate.

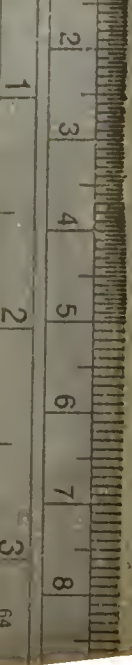
One thing recommended by a very wise and good man, Dr. Denman, it is very proper to inculcate; viz. that this method should never be adopted upon the opinion or suggestion of a single individual; but that a consultation should be first held with some intelligent and respectable practitioner, in order that the character of the operator may be as much as possible secured from false aspersions or slanderous insinuations.

These observations thrown hastily together, I take the liberty of submitting to the learned and skilful Physician who communicated the case, and to the other correspondents of the *Repository*.

London, February, 1815.

* It was publicly stated at Bow-street, a few years ago, when an atrocious business of this nature was under investigation, that the magistrates were aware of the practice of inducing premature labour in certain cases of deformity, and that they were determined to keep a very strict watch over the practice, that it might not be abused or employed for criminal purposes.





ALLET
AKTS
A HALF
PAGE

